



## Contribution Form

**YES!** I/We want to help end homelessness.

Please accept my/our contribution in the amount of:

☐ \$25    ☐ \$50    ☐ \$100    ☐ \$250    ☐ \$500    ☐ \$1,000    ☐ Other: \$\_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

☐ This contribution is given anonymously.

### Payment Information

☐ Enclosed is a check (*payable to Columbus House, Inc.*)

☐ Please charge my credit card:    ☐ VISA    ☐ MasterCard    ☐ Discover    ☐ AMEX

Name (as it appears on card) \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

☐ Monthly Sustainer

Please make this gift recurring by charging my credit card \$\_\_\_\_\_ each month.

### Tribute Information

*Give special recognition to someone with your gift.*

This contribution is    ☐ in honor of    ☐ in memory of

Tribute Name \_\_\_\_\_

Please acknowledge this gift to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*We respect your privacy. Columbus House will not sell, rent or exchange your information without your consent.  
Please contact us if you wish to be removed from our solicitation list.*

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